



Scripps Memorial Hospital

Department of
Public Health
California Hospital Outcome Report
July 31, 1995

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Health Policy and Planning Division
Office of Statewide Health Planning and Development
1600 9th Street, Suite 400
Sacramento, California 95814

Dear Ladies and Gentlemen:

On behalf of Scripps Memorial Hospital - Chula Vista, I wish to take this opportunity to respond to the 1995 California Hospital Outcome Report. This includes special reference to the data on mortality from myocardial infarction.

The 1995 California Hospital Outcomes Project reported mortality for myocardial infarction for our hospital that was not significantly different from expected, based on Model B, but worse than expected, based on Model A. We believe that Model B, which controls for certain clinical and socioeconomic variables important for our population, was in fact a more accurate model given our hospital's location and patient population.

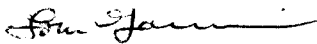
Scripps Memorial in Chula Vista serves the South Bay community, south of the City of San Diego and just seven miles from the US-Mexico border. As part of our service to our community, we run a very busy emergency room, with an excess of 30,000 visits per year. Many patients present to our Emergency Room with no prior history of medical care, often in advanced states of organ failure. The AMI regression Model B includes many of the socioeconomic factors that may be associated with increased health risk including ethnicity and insurance status, as well as clinical factors associated with more advanced heart disease including ventricular failure (pulmonary edema), paroxysmal ventricular tachycardia, acidosis, hypotension, renal failure, and complete atrioventricular block.

Model B, which takes the above into account yields a Risk-Adjusted Outcome Rate for Scripps-Chula Vista of 14.8%, actually lower than the Expected Outcome Rate of 17.0%, but within the 95% confidence range. Model A, which does not take socioeconomic status or the above comorbidities into account, yields a Risk Adjusted Outcome of 17.7%, with a 95% confidence range of 14.1 to 21.3%, statistically higher than the Expected Outcome Rate of 14.0%.

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Based on our location, high volume emergency room, and patient mix, we believe that Model B is better at controlling for those socioeconomic and clinical factors that are important risk determinants in our patients, and shows that our mortality experience for myocardial infarction is no worse than expected.

Sincerely,



Thomas A. Gammiere
Vice President/Administrator

HJ:mw

cc: Dr. Mario Lopez Luna, Jr.